

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10032383</i>	FILING DATE	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/								
2		/							
3		/							
4		/							
5		/							
6		/							
7		/							
8		/							
9		/							
10		/							
11		/							
12		/							
13		/							
14		/							
15		/							
16		/							
17		/							
18		/							
19		/							
20		/							
21		/							
22		/							
23	/								
24		/							
25		/							
26		/							
27		/							
28		/							
29		/							
30		/							
31		/							
32		/							
33		/							
34		/							
35		/							
36	/								
37		/							
38		/							
39		/							
40		/							
41		/							
42		/							
43		/							
44		/							
45		/							
46		/							
47		/							
48		/							
49		/							
50		/							
TOTAL IND.			↓		↓		↓		
TOTAL DEP.			↔		↔		↔		
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS